

FILED OCT 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30543

Registration District No. 265

Primary Registration District No. 5897

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Ozark co.
(b) City or town Nottingham, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 8 years.
years, months or days)

3. (a) PRINT FULL NAME James Robert Lane

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased 10 24 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 11 8 -- hr. -- min.

9. Birthplace Wichita, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business --

12. Name Calbert V. Lane
13. Birthplace Ozark Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mennie Mae Beary
15. Birthplace Hammond, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Calbert Lane
(b) Address Nottingham, Mo. Rural

17. (a) Burial (b) Date thereof 10 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gaulding Cemetary

18. (a) Signature of funeral director Clinkingbeard Fun. Home
(b) Address Gainesville, Mo.

19. (a) 10-4-48 (b) Mae Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Nottingham, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Nottingham, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1 st
year 1948 hour 10 minute PM M.
21. I hereby certify that I attended the deceased from July
1946 to October 1, 1948
that I last saw him alive on Sept 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Hodgkins Disease Duration 2 yr

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 44B
Of autopsy 44B
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 2

23. Signature M. Johnson (M.D. or other) MD
Address Gainesville, Mo. Date signed 10-2-48

RECEIVED

District Health Officer No. 6,
District File Number 1048-1121
Date Filed 10-9-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Charles R. Fish....., Registered Apprentice No. 45
working under my personal supervision.

Signed C. R. Fish.....

Licensed Embalmer No. 3044.....

P. O. Address Gainesville Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.